



Bib Data Sheet



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**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLICATION IS A DIV OF 09/081,707 05/19/1998 U.S. PAT. NO. 6,265,540  
 AND CLAIMS BENEFIT OF 60/047,070 05/19/1997  
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**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

*None*  
**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**      **\*\* SMALL ENTITY \*\***  
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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	MD	-	33	2
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>			

**ADDRESS**

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**TITLE**

Tissue specific prodrug

<b>FILING FEE RECEIVED</b> 462	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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